I am writing to you to tell you about the problem of tuberculosis in the gold mining industry of southern Africa and to explain the steps that the UK can take to tackle this issue.

As the 2015 deadline for achieving the Millennium Development Goals and related targets approaches we are on track to reach and even succeed some of them, and UK leadership has played a key role in that progress.

However there are some goals that are off track. The Stop TB Partnership’s MDG-related goal on a 50% reduction in TB mortality rates from 1990 levels is on track in every region of the world except two: Eastern Europe and Southern Africa. As a signatory on the Global Plan to Stop TB, the UK government is committed to achieving this target.

In Southern Africa there is one driver of the epidemic that stands apart from all others: the gold mining industry. Mine workers in South Africa have the highest rates of Tuberculosis in the world, with an incidence rate of between 3000-7000 per 100,000….compared with 300-700 in the rest of the population of South Africa or about 13 per 100,000 in the UK.

The issue is regional with the industry relying heavily on workers from surrounding countries, particularly Lesotho, Mozambique, Swaziland and Zimbabwe. Each migrant worker who returns home with TB will spread the disease to an estimated 10-15 people per year. It is estimated therefore, that the mining industry is responsible for around 760,000 new cases of TB each year, about 8% of the total global burden.

The epidemic is driven by high levels of HIV infection among miners –people living with HIV are 20-30 times more likely to develop active TB- crowded living conditions and exposure to silica dust, which can lead to silicosis and a three times greater chance of becoming ill with TB. The miners themselves are acutely at risk of contracting the disease but their partners, children and friends are also at risk when these miners travel back and forth to work, often many times per year.

As an airbourne infectious disease, TB anywhere is TB everywhere. Failing to tackle the disease at its epicentre will not only mean that the MDG is missed but that the UK public is increasingly at risk. As you will know, there were over 9,000 recorded new cases of TB in the UK last year with London having the highest rates in Western Europe; this illustrates the importance of a global response to the epidemic.

Many of the mining companies working in South Africa are British or registered on the London Stock Exchange, the most prominent being AngloGold Ashanti. These companies have existing policies for dealing with TB and Silicosis in the mines but they are either unimplemented or inefficient. An independent health study by the South African Department of Minerals and Energy recently stated that ‘there is a pervasive culture of non-compliance to legislative requirements’ within the industry and it is this negligence which is playing a major part in driving the TB epidemic.

In response to this situation I would like to ask you to write to Justine Greening, Secretary of State for International Development, outlining the problem above and calling on here to do three two things:

* For the UK government to use its convening power to bring together key stakeholders to address the problem of TB and mining. DFID has the leverage and reach to bring mining companies, civil society and other key groups together to develop a coordinated action plan for bringing the epidemic under control.
* In the context of our increasing aid budget for DFID to make strong commitments at the September Global Fund to Fight AIDS, TB and Malaria replenishment; and to provide funding for TB REACH an innovative case finding organisation working to diagnose and treat cases of TB in hard to reach communities, including mining communities.

Yours sincerely